

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

10775494

FILING DATE

2-11-04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
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38		/				
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41	/					
42		/				
43		2				
44		2				
45						
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47						
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	102					
TOTAL CLAIMS	106					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						